## **APPLICATION FOR CERTIFIED BIRTH CERTIFICATE**

MAIL FORM TO: CITY OF GRAPEVINE

**CITY SECRETARY'S OFFICE** 

P O BOX 95104

**GRAPEVINE, TEXAS 76099-9704** 

TELEPHONE: 817-410-3181

SIGNATURE OF APPLICANT

DRIVER'S LICENSE NUMBER

STREET ADDRESS: 200 South Main Street, First Floor, Grapevine, TX 76051

Number Requested - For security reasons, orders for 5 or more certificates

Certificate No		
Control No		
Issue by		
Date PU/Mail		
Receipt No		
Rec'd Mail/Ofc_		
Time	By	·

DATE

REQUIRED TO SUBMIT COPY OF PARENT'S DRIVER'S

LICENSE, PASSPORT OR IDENTIFICATION CARD Do not mail Verification of Birth Facts - will not be returned

**CERTIFICATES ISSUED ON THURSDAY** AND MAILED TO DADENT

CERTIFIED COPIES x \$23.00 =		APPLICATION DEADLINE: WEDNESDAY, NOON			
NAME ON RECORD					
I. NAME ON RECORD	FIRST	MIDDLE		LAST	
2. DATE OF BIRTH			3. SEX		
MONTH		YEAR			
4. HOSPITAL <u>Baylor Regi</u>	onal Medical Center at Grapevine	Grapevine	Tarrant Count	ry .	
		CITY	COUNTY		
5. MOTHER'S NAME	FIRST	MIDDLE		MAIDEN NAME	
6. FATHER'S NAME					
	FIRST	MIDDLE		LAST	
7. YOUR NAME					
	FIRST	MIDDLE		LAST	
8. MAILING ADDRESS					
	STREET ADDRESS	CITY	STATE	ZIP	
9. TELEPHONE NO	(MONDAY - FRIDAY 8 A.M 5 P.	M.)	номе 🗀	OFFICE	
10 YOUR RELATIONSHIP	TO PERSON NAMED IN ITEM 1	,			
10. TOOK KELATIONOTIII	TO LENGON NAMED IN THEM I				
11. PURPOSE FOR OBTAIN	IING THIS RECORD				
Note: If applying for a CDIB card 963-7111 or at www.dshs.state.tx	(Indian heritage), you must contact the S .us/vs	State of Texas, B	Bureau of Vital Statistics fo	r a long certificate at 1-888-	
WARNING: THE PENALTY FOR KNOW AND SAFETY CODE, CHAPTER 195, SI	VINGLY MAKING A FALSE STATEMENT IN THIS ECTION 195.003)	FORM CAN BE 2-1	10 YEARS IN PRISON AND A FI	NE OF UP TO \$10,000. (HEALTH	

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE (CALL 817-410-3181 FOR FEE VERIFICATION). THE SEARCHING OR INDEXING FEE IS NON-REFUNDABLE EVEN IF A RECORD IS NOT FOUND. BIRTH RECORDS ARE CONFIDENTIAL FOR 75 YEARS AND ISSUANCE IS RESTRICTED. ADMINISTRATIVE RULES REQUIRE THAT ON RESTRICTED RECORDS, ALL IDENTIFYING INFORMATION (ITEMS 1-6), RELATIONSHIP (ITEM 10), AND PURPOSE (ITEM 11) BE PROVIDED IN ORDER TO ISSUE RECORD. (10/09) BIRTHHOSPITALFORM.XLS